

APPLICATION FOR CONVERSION OF A PROVISIONAL CERTIFICATE

This form can only be used for Provisional Elementary, Provisional Secondary, and Provisional Special Education Certificates. Please use an *Application for Certification* to convert Provisional Vocational Certificate to a Standard Vocational Certificate.

Fee to convert Provisional to Standard Vocational Certificate: \$60.00

ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367
Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326
www.ade.az.gov/certification

To convert your Provisional Certificate to a six-year standard, please submit the appropriate fee by money order, cashiers check, or personal check (for each certificate) to the *Arizona Department of Education*, **NO CASH**, and either a Class 1 or Class 2 Fingerprint Clearance Card issued by Arizona DPS or proof of having applied for one must be submitted with this application.

SOCIAL SECURITY NUMBER: _____ - _____ - _____ (For identification purposes only)	DOB: ____/____/____	GENDER: M / F (Circle One)
APPLICANT'S FULL LEGAL NAME: _____ <div style="text-align: center;"> Last First Middle </div>		
MAILING ADDRESS: _____ <div style="text-align: center;"> Street Number or P.O. Box </div> <div style="text-align: center;"> City State Zip Code </div>		
TELEPHONE: (____) _____ - _____ (Home)	EMAIL ADDRESS: _____ (Home)	
ETHNICITY: <u>GENDER & ETHNICITY ARE REQUESTED FOR FEDERAL REPORTING PURPOSES ONLY.</u>		
<div style="display: flex; justify-content: space-around;"> <div> ____ Asian or Pacific Islander ____ Hispanic or Latino ____ White (Non-Hispanic) </div> <div> ____ Black or African-American (Not Hispanic) ____ American Indian or Alaskan Native ____ Other </div> </div>		
I would like to convert my Provisional _____ Certificate. <div style="text-align: center;">(Type)</div>		
PLEASE NOTIFY THE CERTIFICATION UNIT OF CHANGES IN HOME MAILING ADDRESS, HOME E-MAIL ADDRESS & HOME TELEPHONE NUMBER.		

Please submit fee payment of \$30.00 by money order, cashiers check, or personal check only. No cash. Fees paid are not refundable.

VERIFIED TEACHING EMPLOYMENT

I verify that this applicant has: ☐ Four semesters **or** ☐ Two school years of teaching experience under the provisional certificate.

_____ Signature of Superintendent/Personnel Officer	_____ Employer (School or District)	_____ Title	_____ Date
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PHONICS REQUIREMENT FOR ELEMENTARY CERTIFICATES ONLY

Forty-five clock hours OR three semester hours of instruction in research-based systematic phonics. An accredited institution or other provider may present this instruction. If your provisional elementary education certificate was issued between December 7, 1998 and June 30, 1999, you are NOT required to show proof of having met the phonics requirement.

Mark the appropriate box below and submit documentation to verify clock hours or semester hours.

I verify that this applicant has:

- ☐ Forty-five clock hours of instruction (Submit a letter from the school district or provider verifying clock hours); **OR**
- ☐ Three semester hours of instruction. (Submit official transcript(s) to verify semester hours.)

PLEASE CONTINUE ON REVERSE SIDE

For Certification Evaluator Only:☐ Phonics requirement met.☐ Phonics requirement not met.

Evaluator _____ Date _____ Expires _____ Sent _____

For the Applicant: Please answer all questions below and sign.

1. Have you been issued a Class 1 or Class 2 Fingerprint Clearance Card by the Arizona Department of Public Safety? YES__ NO__
(If the answer to this question is "yes," please skip to question 3 and continue.)
2. If you have **not** been issued a Fingerprint Clearance Card, have you made an application with the Department of Public Safety and is proof of your application attached? YES__ NO__
3. Have you ever had any professional certificate or license, revoked or suspended? YES__ NO__
4. Have you ever received a reprimand or other disciplinary action involving any professional certification or license? YES__ NO__
5. Have you ever been convicted of any felony offense? YES__ NO__
6. Have you ever been arrested for any offense for which you were fingerprinted? YES__ NO__
7. Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?

<ol style="list-style-type: none"> a. Second-degree murder YES__ NO__ b. Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age YES__ NO__ c. Sexual assault YES__ NO__ d. Molestation of a child YES__ NO__ e. Sexual conduct with a minor YES__ NO__ f. Commercial sexual exploitation of a minor YES__ NO__ g. Sexual exploitation of a minor YES__ NO__ h. Child abuse YES__ NO__ i. Kidnapping YES__ NO__ j. Sexual abuse of a minor YES__ NO__ k. Taking a child for the purpose of prostitution as prescribed in section 13-3206 YES__ NO__ l. Child prostitution as prescribed in section 13-3212 YES__ NO__ m. Involving or using minors in drug offenses YES__ NO__ 	<ol style="list-style-type: none"> n. Continuous sexual abuse of a child YES__ NO__ o. Attempted first-degree murder YES__ NO__ p. Any other dangerous crime against children as defined in section 13-604.01 YES__ NO__ q. Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 YES__ NO__ r. Any offense causing you to register as a sex offender YES__ NO__ s. First-degree murder YES__ NO__ t. Armed Robbery YES__ NO__ u. Incest YES__ NO__ v. Exploitation of minors involving drug offenses YES__ NO__ w. Sexual abuse of a vulnerable adult YES__ NO__ x. Sexual exploitation of a vulnerable adult YES__ NO__ y. Commercial sexual exploitation of a vulnerable adult YES__ NO__ z. Abuse of a vulnerable adult YES__ NO__ aa. Molestation of a vulnerable adult YES__ NO__ bb. Neglect of a vulnerable adult YES__ NO__
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Attn: If "yes" is indicated for any question, 3 through 7, please attach a full explanation to this application.

I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION.

Applicant's Signature _____ Date _____